

DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled:

The specification of which (check one(s) applicable)

☐ was filed _____ as U.S. Application No. _____
☐ and was amended by Amendment filed _____ (if applicable); [or];
☒ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37CFR§1.56(a)].

CLAIM UNDER 35 USC §119(e): I hereby claim the benefit under 35 USC §119(e) of any United States provisional applications listed below:

<u>Provisional Application No.</u>	<u>Filing Date</u> <u>Day/Mo/Year</u>
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60/050,171

19 June 1997

POWER OF ATTORNEY: As inventor, I hereby appoint DANN, DOFFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Kathleen D. Rigaut, Ph.D. Reg. No. P43,047

POWER TO INSPECT: I hereby give DANN, DOFFMAN, HERRELL AND SKILLMAN, P.C. of Philadelphia, PA or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

SEND CORRESPONDENCE TO: CUSTOMER NUMBER 000110.

DIRECT INQUIRIES TO: Kathleen D. Rigaut, Ph.D.
Telephone: (215) 563-4100
Facsimile: (215) 563-4044

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST JOINT INVENTOR

Full Name Kiran Madura
First Middle Last
Signature [Signature]
Date June 19th, 1998
Residence Bridgewater New Jersey
City State or Country
Citizenship United States of America
Post Office Address:
16 Timberline Drive
Bridgewater New Jersey 08807
City State or Country Zip Code

SECOND JOINT INVENTOR (IF ANY)

Full Name _____
First Middle Last
Signature _____
Date _____
Residence _____
City State or Country
Citizenship _____
Post Office Address: _____

City State or Country Zip Code

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patentee: Kiran Madura

Application or Patent No.: Not yet assigned

Filed or Issued: Concurrently herewith

For: METHODS AND COMPOSITIONS FOR RAPID PURIFICATION OF PROTEASOMES AND METHODS OF USE OF COMPONENTS THEREOF

**VERIFIED STATEMENT (DECLARATION) SUPPORTING ANOTHER'S CLAIM FOR
SMALL ENTITY STATUS (37 CFR §1.8(f) AND §1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am making this verified statement to support a claim by the above-identified applicant or patentee for small entity status for purposes of paying reduced fees with regard to the above-identified invention described in

☒ the specification filed herewith
☐ U.S. Application No. _____, filed _____
☐ U.S. Patent No. _____, issued _____

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

FULL NAME OF ORGANIZATION:

UNIVERSITY OF MEDICINE AND
DENTISTRY OF NEW JERSEY

TYPE OF ORGANIZATION

☒ University or other institution of higher education
☐ Tax exempt under U.S. Internal Revenue Code (26 USC §501(c)) and
☐ Nonprofit scientific or educational under statute of state of U.S.A.

ADDRESS OF ORGANIZATION:

46 Knightbridge Road
P.O. Box 6810
Piscataway, New Jersey 08855

Name of State:

Citation of Statute:

☐ Would qualify as tax exempt under U.S. IRC if located in U.S.A.
☐ Would qualify as nonprofit scientific or educational under statute of state of U.S.A. if located in U.S.A.

Name of State:

Citation of Statute:

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR §1.8(a) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code in the above-identified invention.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization known to have rights to the invention is listed below* and the organization knows of no rights to the invention being held by any person, other than the inventor, who could not qualify as an independent inventor under 37 CFR §1.8(c) if that person had made the invention, or by any concern which would not qualify as a small business concern under 37 CFR §1.8(d) or by a nonprofit organization under 37 CFR §1.8(e).

FULL NAME:

ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

FULL NAME:

ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

* NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR §1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 CFR §1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: L. M. Stephenson, Ph.D.

Title in Organization: Director of Patents and Licensing

Address: 46 Knightbridge Road, P.O. Box 6810, Piscataway, New Jersey 08855-6810

Signature:

L M Stephenson

Date:

6-19-98

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant or Patents: Kiran Madura

Application or Patent No.: Not yet assigned

Filed or Issued: Concurrently herewith

For: METHODS AND COMPOSITIONS FOR RAPID PURIFICATION OF PROTEASOMES AND METHODS OF USE OF COMPONENTS THEREOF

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR §1.8(f) AND §1.27(b)) - INDEPENDENT INVENTOR(S)

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR §1.8(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled described in

☒ the specification filed herewith
☐ U.S. Application No. _____, filed _____
☐ U.S. Patent No. _____, filed _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR §1.8(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR §1.8(d) or a nonprofit organization under 37 CFR §1.8(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☐ no such person, concern, or organization
☒ person, concerns or organizations listed below*

FULL NAME: UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
ADDRESS: 45 Knightsbridge Road P.O. Box 6810, Piscataway, New Jersey 08855

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☒ NONPROFIT ORGANIZATION

FULL NAME:
ADDRESS:

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR §1.27)

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Kiran Madura

Name of Inventor

Signature of Inventor

Date

Name of Inventor

Signature of Inventor

Date

Name of Inventor

Signature of Inventor

Date

Name of Inventor

Signature of Inventor

Date